

Chronic somatizers and the Government White Paper

I agree with the editorial by Bass & Murphy (April 1990 *JRSM*, p203) in calling for research on somatization before the Government's imposition of the White Paper compounds the problems of coping with chronic somatizers. However, I would like to comment on two challenges to research in this area.

Firstly, abnormal illness behaviour covers a broad spectrum of doctor-patient relationships from malingers who concoct symptoms for their own benefit, to patients who have no conscious control over their functional symptoms and gain no obvious advantage from them. These polar groups illustrate the complexities of attempting to delineate and understand this behaviour. Whether somatization disorder is a useful step in this direction is debatable. We found the arbitrary diagnostic criteria¹ excluded individuals with more severe abnormal illness behaviour than the somatization disorder patients, in terms of frequent GP consultations, multiple hospital referrals, and being poor copers with life in general. We concluded that the concept of somatization disorder had little value in British primary care².

Secondly, somatization disorder does not delineate a group of patients who always present with symptoms in the absence of organic disease. Consultation rates for organic and non-organic problems are highly correlated³ raising the possibility that these patients often have disease as well as illness, albeit with a lower threshold of symptom tolerance before attending the GP. For example, one of the patients I investigated

had severe asthma from childhood, but also a multitude of other symptoms for which it was very difficult to decide which might be related to her asthma, treatment, or psyche³. Patients and their symptoms rarely allow a pure functional or organic classification.

Only a multi-axial classification system, which takes account of psychological, physical, social and personality factors⁴ is appropriate to accommodate the diversity in abnormal illness behaviour, and the overlap between functional and organic illness. The place for this research is primary care, as it is the GP who is the most suitable identifier and long-term manager of these patients. The imminent NHS bill makes the need for this research all the more urgent.

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References

- 1 American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*, 3rd edn, revised. Washington DC: American Psychiatric Association, 1987
- 2 Deighton CM, Nicol AR. Abnormal illness behaviour in young women in a primary care setting: is Briquet's syndrome a useful category? *Psychol Med* 1985;254:3075-9
- 3 Deighton CM. An investigation in abnormal illness behaviour in young women. BMedSci Thesis. University of Newcastle upon Tyne, 1984
- 4 Shepherd M, Wilkinson G. Primary care as the middle ground for psychiatric epidemiology. *Psychol Med* 1988;18:263-7

Book reviews

Muscle Energetics (Progress in Clinical and Biological Research, vol 315)

Richard J Paul pp 627 \$130 ISBN 0-8451-5165-7
New York: Alan R Liss 1989

This book will certainly be of value to teachers, students, and research workers with a particular interest in muscle function (at Honours level in an undergraduate course). It is, of course, not a light read, and not for the mildly curious. On the other hand, the contents are not inaccessible to those who need to take the trouble to update their knowledge on the mechanisms of energy transformation in skeletal, cardiac, or smooth muscle (each of which are given significant coverage). While it is unlikely that this distinguished and fully international group of 200 authors (of some 50 articles and 30 abstracts) will have used this opportunity as the sole means of releasing important results, there is much original data included, and it is all in one place. The combination of brief but appropriate review material with hewings from the coal-face of research will be very helpful to anyone attempting to focus upon current developments. The studies reported, while technically very specialized, often give a surprisingly

direct insight into the everyday functions of muscle. It is also interesting to see at just what a detailed level contraction is now being investigated. For example, how far apart are the successive points of attachment for a myosin head on the actin molecule? (Perhaps 20 nm). How rapidly does the crossbridge attachment/detachment cycle occur? (Perhaps 6 Hz). This volume should be stocked by all large medical or biological science libraries, and by any smaller library whose readers undertake advanced coursework or do research on muscle.

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Effectiveness and Efficiency. Random Reflections on Health Services Archibald L Cochrane £9.95 ISBN 0-727-902822

London: British Medical Journal 1989

This book is a reissue of a monograph written by Archie Cochrane for the Nuffield Provincial Hospitals Trust in 1977. He was commissioned to evaluate the National Health Service. At that time he concluded that two preliminary steps were essential before any cost/benefit analysis could be attempted. A true disciple of Sir Austin Bradford Hill, he advocated the general application of the randomized controlled double blind trial, not only to the evaluation of new drugs and therapies before their usage becomes entrenched in National Health Service practice; but also to evaluate such matters as optimum time of complete bed rest, length of stay in hospital, use of

diagnostic facilities, screening, rehabilitation, special clinics, and counselling services. With regard to antenatal services he points out that any estimate of the number of beds required is crucially dependent on local social conditions. He despairs of a tendency to appoint ever more social workers wherever there is a social 'need' while there is no evidence that the social worker can alter the natural history of the social problem. And finally, there are comparisons between different types of hospitals and a reluctant admission that quantification of the various types of output from them is the next logical step. For example, if treatment of a 20-year-old man which restores normal expectation of life and employment is rated at 100, what number should be assigned to the care of a severe schizophrenic?

Reflecting on the original book ten years later Cochrane suggests that priorities for research should be to prevent the introduction of new drugs unless they are more effective or cheaper than existing therapies; to evaluate existing therapies, and to determine optimum lengths of stay in hospital.

He comments that the cost of accurate diagnosis is disproportionate to the benefit to the patient, and suggests that the crude value of a diagnostic investigation is the product of the probability that the result will influence treatment and the probability that alteration of treatment will influence the natural history of the disease for the better. (He does not allow for the value of excluding legal reprisals!)

If the NHS is to remain solvent he clearly feels that results, in terms of measurable benefit to the patient and community, must dictate the terms of health care delivery and the direction of medical research.

HUGH L'ETANG

Health Care in Japan

Margaret Powell and Masahira Anesaki 264pp £35 ISBN 0-415-00610-4 London: Routledge 1990

Japan, like the phoenix, has risen from its ashes, young again, to live for another cycle in the developed world. As Japan is growing in stature economically, and is experiencing radical social changes, there is a need in the West for information about Japanese society and its attitudes to health care services. This book succeeds in its aim to provide an overview of health and medical services in Japan today. It begins with the historical development of modern medical care and then in its 9 chapters it takes the reader through the maze of political, social and cultural factors which have influenced the development of the present system of health care. The chapters on financing health care and health 'industries' in Japan have particular relevance to Western countries where Health Services expenditure is one of the largest and fastest growing items of social expenditure. The principle goal of Japanese cost-control policy has been the reduction in the share of health expenditure carried by the public purse. The authors take a refreshingly direct look at the problems and the account is thought-provoking.

As a result of this system, in 1986, Japan numbered among her 119 million people some 1851 persons who were over 100 years old. (In Britain, they would have received a telegram from Her Majesty the Queen) By 1985, life expectancy was about 81 years for women and 75 years for men, and Japan ranks in the top five countries on this indicator for health status in the world. Nothing succeeds like success! This book

should be of value to Public Health Medicine Practitioners and other health policy planners.

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Endocrinology: People and Ideas

Edited by S M McCann 472pp £58.00

ISBN 091-5207181

Bethesda, Maryland: American Physiological Society 1988

This book was planned within the series covering the development of ideas in several areas of physiology and is published in conjunction with the centennial year of the American Physiological Society.

Books by multiple authors - in this case there are 18 contributors - often cause problems. Overlap of chapters can not easily be avoided. Differences in presentation and style of the various chapters do not lend themselves to a smooth progression and understanding. It needs a strong-minded editor, who must also have a good personal knowledge of the basic theme to enable him to select the right contributors and to guide them to an acceptable and purposeful presentation of the subject the book is dealing with.

This difficult task seems to have been achieved in this book. Perhaps the nature of the development of our knowledge of endocrinology has helped: it was often erratic and fragmented. The physiological approach is certainly most important. All contributors have an excellent personal knowledge of their chapter-subject to present it simply. The chapters also convey the important connections and interactions of the endocrine glands. There is an important discussion of the mechanism of hormonal action. There is also a chapter on 'Receptors, Birth, Eclipse and Rediscovery' by Jesse Roth of the National Institute of Diabetes etc., of Bethesda. The chapter on 'Atrial Natriuretic Factor: A Hormone From The Heart' breaks new ground. 'A View from the History of Biology From an Islet of Langerhans' is not only instructive, but amusing. The Bibliography throughout is excellent and up-to-date. This book can be highly recommended. It is as important as enjoyable.

V C MEDVEI

Author, *A History of Endocrinology*

Dates and Meanings of Religious and Other Festivals

John G Walshe 96pp £5.95 ISBN 0-572-01514-3 Slough: Foulsham Educational 1989

Festivals are of religious, cultural, or political origins and these have theological, philosophical, or even chauvinistic significances. A doctor needs to know which of these affect a person's physical, psychological, and social well-being. But this can only be revealed by learning why, when, and by whom these are celebrated.

Dr Walshe, a theologian, in an unbiased approach describes: the origin and practice of Christian, Jewish, Muslim, Hindu, Buddhist, Chinese, Bahai and Eastern orthodox calendars; the meanings of various religious and other festivals; and the list of 5 years (1989-1993) celebrations with dates. He also covers Japanese, secular, Sikh, Sri-Lankan, Tibetan, and Thai festivals.

A health professional who deals with patients from different religions or nationalities will indeed find this practical handbook very useful.

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